

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 13412

Registered No. 275

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 30 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rigoberto Mayo Gonzalez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 7. Date of birth June 4-1927
Month Day Year

8. FATHER Full name Damascio Gonzalez 14. MOTHER Full maiden name Jesus Velasquez

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 27 (Years) 16. Color or race Mex. 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Jalisco 18. Birthplace (city or place) Jalisco
(State or country) Mex. (State or country) Mex.

13. Occupation Nature of Industry Laborer 19. Occupation Nature of Industry Housewife

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eyril M. Brown M.D. Physician

Given name added from a supplemental report _____ Address Miami, Arizona (Physician or midwife)

Month, day, year 172-604-159 Filed July 11, 1927 Registrar Jo E. Jones